

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

REGION 5

230 SOUTH DEARBORN ST. CHICAGO, ILLINOIS 60604

REPLY TO THE ATTENTION OF:

RCRA ACTIVITIES

GENERAL WEB DYNAMIES
P.O. BOX 5767
Rockford, IL 4/125

| RE: EPA ID #: | |
|--|---------------------------|
| In response to your request of 9-15-86 | the following information |
| change of contact whance of ownership | |

If you have any questions, please contact Thesen Kidden at 866-6173.

Sincerely,

Arthur S. Kawatachi Information Unit Program Management Section

cc: State Agency

File

Form Approved. OMB No. 2050-0028. Expires 9-30-88. GSA No. 0246-EPA-07 Please print or type with ELITE type (12 characters per inch) in the unshaded areas only United States Environmental Protection Agency Please refer to the Instructions for Filing Notification before completing this form. The information requested Washington, DC 20460 here is required by law (Section 3010 of the Resource Conservation Hazardous Waste A and Recovery Act). For Official Use Only Comments ---C C The state of the first state and Date Received Installation's EPA ID Number (yr. mo. Approved F 1. Name of Installation II. Installation Mailing Address Street or P.O. Box 5 6 B 0 :3 City or Town Automate - ZIP Code State 6 III.: Location of Installation 经第二次 经产品的 Street or Route Number 2 9 6 0 8 T H City or Town ZIP Code State D IV. Installation Contact Name and Title (last, first, and job title) 8 G 6 Ownership A. Name of Installation's Legal Owner. B. Type of Ownership (enter code) Ι R D Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes: Refer to instructions.) B. Used Oil Fuel Activities A. Hazardous Waste Activity ☐ 6. Off-Specification Used Oil Fuel XX 1a. Generator ☐ 1b. Less than 1,000 kg/mo. (enter 'X' and mark appropriate boxes below) 2. Transporter 3. Treater/Storer/Disposer a. Generator Marketing to Burner OCT 07 1886 4. Underground Injection b. Other Marketer 5. Market or Burn Hazardous Waste Fuel C. Burner (enter 'X' and mark appropriate boxes below) a. Generator Marketing to Burner 7. Specification Used Oil Fuel Marketer [dr On site Burner] Who First Claims the Oil Meets the Specification b. Other Marketer c. Burner VII. Waste Fuel Burning: Type of Combustion Device (enter 'X' in all appropriate boxes to indicate type of combustion device(s) in which hazardous waste fuel or off-specification used oil fuel is burned. See instructions for definitions of combustion devices.) ☐ A. Utility Boiler ☐ B. Industrial Boiler ☐ C. Industrial Furnace VIII. Mode of Transportation (transporters only — enter 'X' in the appropriate box(es) A. Air B. Rail C. Highway D. Water E. Other (specify) IX. First or Subsequent Notification Mark 'X' in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your installation's EPA ID Number in the space provided below. C Installation's EPA ID Number A. First Notification 9 B. Subsequent Notification (complete item C)

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| | E. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.21 — 261.24) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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EPA Form 8700-12 (Rev. 11-85) Reverse

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| 3 P O BOX 5767 | |
| City or Town | - Carlos Carlos |
| ROCKFORD | IL61125 |
| III. Location of Installation | |
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| 5 4960 23 rd AVE | |
| City or Taxon | |
| ROCKFORD | IL 6 1109 |
| IV. Installation Contact | |
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| POE JIM MFG MGR 815 | 2268860 |
| V. Ownership | |
| A. Name of Installation's Legal Certain | |
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| VI. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instru | collegie |
| A. Hazardous Waste Activity B. Used OH F | |
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| 2. Transporter (enter 'X' and mark appropria | te baxes better) |
| 3. Treater/Storer/Disposer | to Burner |
| △ 4. Underground Injection □ b. Other Marketer | COOK CATTON A /A 4000 |
| 5. Market or Burn Hazardous Waste Fuel (enter 'X' and mark appropriate boxes below) | JUN 5 P 1900 |
| a. Generator Marketing to Burner 1) 7. Specification Used Oil Puel N | Narketer (or On site Burner) |
| b. Other Marketer 129 Who First Claims the Oil Me | ets the Specification " |
| C. Burner | U.S. EPA, REGION V |
| VII. Waste Fuel Burning: Type of Combustion Device (enter X in all appropriate boxes to indicative which hazardous waste fuel or off-specification used oil fuel is burned. See instructions for definitions of combustions and instructions for definitions of combustions. | te type of combustion device(s) in |
| | oustron devices.) |
| VIII. Mode of Transportation (transporters only — enter 'X' in the appropriate box(es) | William Control of the Control of th |
| 1/ | A A T |
| □ A. Air □ B. Rail. □ C. Highway □ D. Water □ E. Other (specify) WINNER | AG0-201 |
| IX. First or Subsequent Notification | 。 第一章 |
| Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous | |
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| notification. If this is not your first notification, enter your installation's EPA ID Number in the space provided | below. |
| notification. If this is not your first notification, enter your installation's EPA ID Number in the space provided | waste activity or a subsequent below. |

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| X. | Description | of Hazar | dous Was | tes (contin | ued from | front) | | | | |
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| E. C | haracteristics o | of Nonliste | d Hazardous | Wastes. Ma | rk 'X' in the | boxes corr | esponding to t | he charact | eristics of n | onlisted hazardou |
|) y | our installation I | • | ee 40 CFR Pa | | - | | | | | · _ |
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ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY (VERIFICATION)

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

| EPA I.D. NUMBER | •110005071899 | | |
|-------------------------|---|--|-------|
| | ROCKFORD SERVO CORP GE PO BOX 5767 ROCKFORD | | 61125 |
| INSTALLATION ADDRESS | 4960-28TH AVE ROCKFORD | Special Specia | 61109 |
| PA Form 8700-12B (4-80) | 09/27/85 | | |

m 9/30/85

a. SUBSEQUENT NOTIFICATION (complete from C)

A FIRST SOTIFICATION

Please go to the reverse of this form and provide the requested information.

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| specific industrial sources | your installation hand | es. Use additional sheets | if necessary. | | | |
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EPA Form 8700-12 (6-85)

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| IX. DESCRIPTION OF HAZARDOUS WASTES (6 | ontinued from fron | | | 12 (12) (1) |
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| B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. | | | 1 261.32 for each list | ed hazerdous weste from |
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| C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS stance your installation handles which may be a hazardo | | | | for each chemical sub- |
| FLATES YOUR INTERIOR NATIONAL PRINTERING WINCOM THE PRINTERIOR AND THE | SS | 164 SHEETLE IX ARRESTS & | 15 | 36 |
| | TĪT | | Til | HŤH |
| <u> </u> | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | 33 - 38 | 85 - 86 | <u> </u> |
| | - 1 | 40 | *1 | 82 |
| | l s gg | 25 - 36 | 23 - 26 | 21 - 24 |
| | 49 | 46 | 47 | 44 |
| | 1 1 1 | 355 + 886 | 35 36 | 23 4 94 |
| O. LISTED INFECTIOUS WASTES. Enter the four-digit | | | | om hospitals, veterinary |
| hospitals, medical and research leboratories your installs | tion nancies. Cise soo 51 | Cimai mesti il meceliar | 53 | 54 |
| | TĪT | | <u> </u> | |
| 18 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | 38 - N | 38 40 | 33 - 55 |
| E. CHARACTERISTICS OF NON-LISTED HAZARDOU hexardous wester your installation handles. ISse 40 CF. | 5 WAS 165, Merk A R <i>Perts</i> 261.21 — 261. | in the boxes correspond 24.7 | ing to the characters | itics of non-listed |
| · · · · · · · · · · · · · · · · · · · | PAROSIVE | 3. REACTIVE | 00000000000000000000000000000000000000 | 4. TOXIC |
| (D001) (D002) | | (D083) | (D | 400) |
| X. CERTIFICATION | ially examined and | on landler with the | information sub- | illed in this sect of |
| attached documents, and that based on my inqui | ry of those individu | ials immediately resp | onsible for obtain | ing the information, |
| I believe that the submitted information is true, mitting false information, including the possibility | | | inere are significa | ni penaines for suo- |
| SIGNATURE | NAME & OFFICIA | L TITLE (type or print) | | DATE SIGNED |

PA Form 8700-12 (6.85) REVERSE

GENERAL WER DYNAMIN

GARY W. FRANZEN, PURCHASING MGR.

LUETACHA

09-03-85